

Form 990

Return of Organization Exempt From Income Tax

OMB No 1545-0047

2002

Open to Public
InspectionDepartment of the Treasury
Internal Revenue ServiceUnder section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black
lung benefit trust or private foundation)

The organization may have to use a copy of this return to satisfy state reporting requirements

A For the 2002 calendar year, or tax year beginning , 2002, and ending , 20

B Check if applicable:
☐ Address change
☐ Name change
☐ Initial return
☐ Final return
☐ Amended return
☐ Application pending

C Name of organization, number and street, city, town, street, and ZIP code
 HEART SUPPORT OF AMERICA, INC.
 6344 CLINTON HIGHWAY
 KNOXVILLE TN 37912

D Employer identification number
 58-1976599

E Telephone number
 865-938-5838

F Acctg method ☐ Cash ☒ Accrual
☐ Other (specify) ▶

G Web site ▶

J Organization type (check only one) ☒ 501(c)(3) (insert no) ☐ 4947(a)(1) or ☐ 527

K Check here ☐ if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS, but if the organization received a Form 990 Package in the mail, it should file a return without financial data. Some states require a complete return.

L Gross receipts. Add lines 6b, 9b, and 10b to line 12 ▶ 4,223,611.

M Check ☐ if organization is not required to attach Sch B (Form 990, 990-EZ, or 990-PF)

H and I are not applicable to section 527 organizations
H(a) Is this a group return for affiliates? ☐ Yes ☒ No
H(b) If "Yes" enter number of affiliates ▶
H(c) Are all affiliates included? (If "No" attach list. See instructions.) ☐ Yes ☒ No
H(d) Is this a separate return filed by an organization covered by a group ruling? ☐ Yes ☒ No
I Enter 4-digit GEN ▶

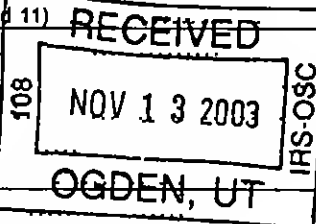
Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See Specific Instructions)

1 Contributions, gifts, grants, and similar amounts received			
a Direct public support	1a	4,221,822.	
b Indirect public support	1b		
c Government contributions (grants)	1c		
d Total (add lines 1a through 1c) (cash \$ 4,221,822. noncash \$)	1d	4,221,822.	
2 Program service revenue including government fees and contracts (from Part VII, line 93)	2		
3 Membership dues and assessments	3		
4 Interest on savings and temporary cash investments	4	1,789.	
5 Dividends and interest from securities	5		
6a Gross rents	6a		
6b Less rental expenses	6b		
6c Net rental income or (loss) (subtract line 6b from line 6a)	6c		
7 Other investment income (describe) ▶	7		
8a Gross amount from sales of assets other than inventory	(A) Securities	8a	(B) Other
8b Less cost or other basis & sales expenses	8b		
8c Gain or (loss) (attach schedule)	8c		
8d Net gain or (loss) (combine line 8c, columns (A) and (B))	8d		
9 Special events and activities (attach schedule)			
a Gross revenue (not including \$ of contributions reported on line 1a)	9a		
b Less direct expenses other than fundraising expenses	9b		
9c Net income or (loss) from special events (subtract line 9b from line 9a)	9c		
10a Gross sales of inventory, less returns and allowances	10a		
10b Less cost of goods sold	10b		
10c Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)	10c		
11 Other revenue (from Part VII, line 103)	11		
12 Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	12	4,223,611.	
13 Program services (from line 44, column (B))	13	1,855,847.	
14 Management and general (from line 44, column (C))	14	841,584.	
15 Fundraising (from line 44, column (D))	15	2,005,081.	
16 Payments to affiliates (attach schedule)	16		
17 Total expenses (add lines 16 and 44, column (A))	17	4,702,512.	
18 Excess or (deficit) for the year (subtract line 17 from line 12)	18	(478,901.)	
19 Net assets or fund balances at beginning of year (from line 73, column (A))	19	29,313.	
20 Other changes in net assets or fund balances (attach explanation)	20		
21 Net assets or fund balances at end of year (combine lines 18, 19, and 20)	21	(449,588.)	

For Paperwork Reduction Act Notice, see the separate instructions

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Part II Statement of Functional Expenses All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others (See Specific Instructions)

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22	Grants and allocations (attach schedule) (cash \$ <u>51800</u> noncash \$ _____)	22 51800.	51800.		
23	Specific assistance to individuals (attach schedule)	23 161927.	161927.		
24	Benefits paid to or for members (attach schedule)	24			
25	Compensation of officers, directors, etc.	25 89600.	58240.	31360.	
26	Other salaries and wages	26			
27	Pension plan contributions	27			
28	Other employee benefits	28 10183.	6517.	3666.	
29	Payroll taxes	29 7071.	4596.	2475.	
30	Professional fundraising fees	30 104894.			104894.
31	Accounting fees	31 41797.		41797.	
32	Legal fees	32 25514.		21017.	4497.
33	Supplies	33 6966.	111.	6795.	60.
34	Telephone	34 16317.	5780.	10537.	
35	Postage and shipping	35 1733294.	679105.	236256.	817933.
36	Occupancy	36 25380.	8084.	16750.	546.
37	Equipment rental and maintenance	37 418320.	169109.	40365.	208846.
38	Printing and publications	38 779979.	305433.	91305.	383241.
39	Travel	39 3531.	1765.	1766.	
40	Conferences, conventions, and meetings	40			
41	Interest	41 432.		432.	
42	Depreciation, depletion, etc. (attach schedule)	42 4969.	4223.	497.	249.
43	Other expenses not covered above (itemize): a SEE STMT	43a 1220538.	399157.	336566.	484815.
b		43b			
c		43c			
d		43d			
e		43e			
44	Total functional expenses (add lines 22 through 43). Organizations completing columns (B)-(D), carry these totals to lines 13-15	44 4702512.	1855847.	841584.	2005081.

Joint Costs Check ☐ if you are following SOP 98-2

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? ☒ Yes ☐ No
 If "Yes," enter (i) the aggregate amount of these joint costs \$ 4508232., (ii) the amount allocated to Program services \$ 1622635.,
 (iii) the amount allocated to Management and general \$ 789922., and (iv) the amount allocated to Fundraising \$ 2095675.

Part III Statement of Program Service Accomplishments (See Specific Instructions)

What is the organization's primary exempt purpose? DIRECT AID TO HEART PATIENTS		Program Service Expenses (Required for 501(c)(3) & (4) orgs & 4947(a)(1) trusts but optional for others)	
a	HOSPITAL - FOOD, LODGING, MEDICINE UPON DISCHARGE, TRANSPORTATION, HEALTH RELATED ITEMS	(Grants and allocations \$ <u>51800.</u>)	51800.
b	INDIVIDUALS - FOOD, RENT, MEDICINE, TRANSPORTATION, UTILITIES, PATIENT SERVICES	(Grants and allocations \$ _____)	161927.
c	PUBLIC EDUCATION - INFORMATION FOR THE PUBLIC ABOUT NUTRITION, SUPPORT, ABOUT PATIENT MEDICINE, AND ABOUT HEALTH CARE IN GENERAL, CPR TRAINING	(Grants and allocations \$ _____)	1554370.
d	PATIENT SERVICES - NON CASH/EMERGENCY COSTS, POSTAGE, PRINTING, APPLICATION PROCESSING, NUTRITION COUNSELING	(Grants and allocations \$ _____)	87750.
e	Other program services (attach schedule)	(Grants and allocations \$ _____)	
f	Total of Program Service Expenses (should equal line 44, column (B), Program services)		1855847.

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Part IV Balance Sheets (See Specific Instructions)

Note		Where required, attached schedules and amounts within the description column should be for end-of-year amounts only		(A) Beginning of year		(B) End of year	
Assets	45	Cash - non-interest-bearing		291,620.	45	157,441.	
	46	Savings and temporary cash investments			46		
	47 a	Accounts receivable	47 a				
	b	Less: allowance for doubtful accounts	47 b		47 c		
	48 a	Pledges receivable	48 a	443,968.			
	b	Less: allowance for doubtful accounts	48 b	208,665.	283,100.	48 c	235,303.
	49	Grants receivable			49		
	50	Receivables from officers, directors, trustees, and key employees (attach schedule)			50		
	51 a	Other notes and loans receivable (attach schedule)	51 e	6,157.			
	b	Less: allowance for doubtful accounts	51 b		12,140.	51 c	6,157.
	52	Inventories for sale or use			52		
	53	Prepaid expenses and deferred charges			53		
	54	Investments - securities (attach schedule) <input type="checkbox"/> Cost <input type="checkbox"/> FMV			54		
	55 a	Investments - land, buildings, and equipment, basis	55 a				
	b	Less: accumulated depreciation (attach schedule)	55 b			55 c	
56	Investments - other (attach schedule)			56			
57 a	Land, buildings, and equipment, basis	57 a	29,730.				
b	Less: accumulated depreciation (attach schedule)	57 b	20,872.	11,851.	57 c	8,858.	
58	Other assets (describe) <input type="checkbox"/> UTILITY DEPOSITS			429.	58	429.	
59	Total assets (add lines 45 through 58) (must equal line 74)			599,140.	59	408,188.	
Liabilities	60	Accounts payable and accrued expenses		483,270.	60	797,725.	
	61	Grants payable		78,850.	61	57,380.	
	62	Deferred revenue			62		
	63	Loans from officers, directors, trustees, and key employees (attach schedule)			63		
	64 a	Tax-exempt bond liabilities (attach schedule)			64 a		
	b	Mortgages and other notes payable (attach schedule)			64 b		
	65	Other liabilities (describe) <input type="checkbox"/> NOTE PAYABLE			7,707.	65	2,671.
66	Total liabilities (add lines 60 through 65)			569,827.	66	857,776.	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74						
	67	Unrestricted		29,313.	67	(449,588.)	
	68	Temporarily restricted			68		
	69	Permanently restricted			69		
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74						
	70	Capital stock, trust principal, or current funds			70		
	71	Paid-in or capital surplus, or land, building, and equipment fund			71		
	72	Retained earnings, endowment, accumulated income, or other funds			72		
	73	Total net assets or fund balances (add lines 67 through 69 or lines 70 through 72, column (A) must equal line 19, column (B) must equal line 21)			29,313.	73	(449,588.)
	74	Total liabilities and net assets/fund balances (add lines 66 and 73)			599,140.	74	408,188.

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

Yes	No
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Part VII Analysis of Income-Producing Activities (See Specific Instructions)

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93 Program service revenue					
a					
b					
c					
d					
e					
f Medicare/Medicaid payments					
g Fees & contracts from govt. agencies					
94 Membership dues & assessments					
95 Interest on savings and temporary cash investments					
96 Dividends & interest from securities					
97 Net rental income or (loss) from real estate					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events					
102 Gross profit/(loss) from sales of inventory					
103 Other revenue: e					
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))					
105 Total (add line 104, columns (B), (D), and (E))					

Note Line 105 plus line 1d, Part I, should equal the amount on line 12, Part I.

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See Specific Instructions)

Line No. VT	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes)

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See Specific Instructions)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership int.	(C) Nature of activities	(D) Total income	(E) End-of-year assets
	%			
	%			
	%			
	%			

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See Specific Instructions)

- (a) Did the organization, during year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? ☐ Yes ☒ No
- (b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? ☐ Yes ☒ No

Note If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).

Please Sign	Preparer's signature <i>James A. Halliburton</i>	Date 11-10-03
	PRESIDENT	Date 11/11-03
Date	Check if self-prepared <input checked="" type="checkbox"/>	Preparer's SSN or PTIN (See Gen. Inst. W)
11/10/2003		11-10-03

Department of the Treasury
Internal Revenue Service

Supplementary Information - (See separate instructions.)

2002

Department of the Treasury
Internal Revenue Service

► **MUST** be completed by the above organizations and attached to their Form 990 or 990-EZ

Name of the organization

HEART SUPPORT OF AMERICA, INC.

Employer Identification number

58-1976599

Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees

(See the instructions List each one If there are none, enter "None")

Total number of other employees paid over \$50,000 _____

Compensation of the Five Highest Paid Independent Contractors for Professional Services

(See the instructions List each one (whether individuals or firms) If there are none, enter "None")

Total number of others receiving over \$50,000 for professional services:

2

Part III Statements About Activities (See the instructions)

Yes No

- 1 During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ▶ \$ _____ (Must equal amounts on line 38, Part VI-A, or line 1 of Part VI-B)

1 X

Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes," must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities

- 2 During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions)

a Sale, exchange, or leasing of property?

2 a X

b Lending of money or other extension of credit?

2 b X

c Furnishing of goods, services, or facilities?

2 c X

d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?

2 d X

e Transfer of any part of its income or assets?

2 e X

- 3 Does the organization make grants for scholarships, fellowships, student loans, etc.? (See Note below)

3 X

- 4 Do you have a section 403(b) annuity plan for your employees?

4 X

Note Attach a statement to explain how the organization determines that individuals or organizations receiving grants or loans from it in furtherance of its charitable programs "qualify" to receive payments

Part IV Reason for Non-Private Foundation Status (See the instructions)

The organization is not a private foundation because it is (Please check only ONE applicable box)

- 5 ☐ A church, convention of churches, or association of churches Section 170(b)(1)(A)(i)
- 8 ☐ A school Section 170(b)(1)(A)(ii) (Also complete Part V)
- 7 ☐ A hospital or a cooperative hospital service organization Section 170(b)(1)(A)(iii)
- 3 ☐ A Federal, state, or local government or governmental unit Section 170(b)(1)(A)(v)
- 9 ☐ A medical research organization operated in conjunction with a hospital Section 170(b)(1)(A)(iii) Enter the hospital's name, city, and state ▶ _____
- 10 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit Section 170(b)(1)(A)(iv) (Also complete the Support Schedule in Part IV-A)
- 11a ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public Section 170(b)(1)(A)(vi) (Also complete the Support Schedule in Part IV-A)
- 11b ☐ A community trust Section 170(b)(1)(A)(vi) (Also complete the Support Schedule in Part IV-A)
- 12 ☐ An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc., functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(e)(2) (Also complete the Support Schedule in Part IV-A)
- 13 ☐ An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in (1) lines 5 through 12 above, or (2) section 501(c)(4), (5), or (6), if they meet the test of section 509(e)(2) (See section 509(a)(3))

Provide the following information about the supported organizations (See the instructions)

(a) Name(s) of supported organization(s)	(b) Line number from above

- 14 ☐ An organization organized and operated to test for public safety Section 509(a)(4) (See the instructions)

Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12) Use cash method of accounting

Note You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting

Calendar year (or fiscal year beginning in) ▶	(a) 2001	(b) 2000	(c) 1999	(d) 1998	(e) Total
15 Gifts, grants, and contributions received (Do not include unusual grants. See line 28.)	3842387	3665614	4448076	3377117	15333194
16 Membership fees received					
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose					
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(e)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	4183	4920	3378	2012	14493
19 Net income from unrelated business activities not included in line 18					
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge.					
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets.					
23 Total of lines 15 through 22	3846570	3670534	4451454	3379129	15347687
24 Line 23 minus line 17	3846570	3670534	4451454	3379129	15347687
25 Enter 1% of line 23	38466	36705	44515	33791	

28 Organizations described on lines 10 or 11	a Enter 2% of amount in column (e), line 24	▶	26a	306954
	b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 1998 through 2001 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts.	▶	26b	
	c Total support for section 509(a)(1) test. Enter line 24, column (e).	▶	26c	15347687
	d Add: Amounts from column (e) for lines 18 <u>14493</u> 19 <u> </u>	▶	26d	14493
	22 <u> </u> 26b <u> </u>	▶	26e	15333194
	e Public support (line 26c minus line 26d total)	▶	26f	99.91 %
	f Public support percentage (line 26e (numerator) divided by line 28c (denominator))	▶		

27 Organizations described on line 12 a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." Do not file this list with your return. Enter the sum of such amounts for each year:

(2001) (2000) (1999) (1998)

b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for the year:

(2001) (2000) (1999) (1998)

c Add: Amounts from column (e) for lines 15 <u> </u> 16 <u> </u>	▶	27c	
17 <u> </u> 20 <u> </u> 21 <u> </u>	▶	27d	
d Add: Line 27a total <u> </u> and line 27b total <u> </u>	▶	27e	
e Public support (line 27c total minus line 27d total)	▶	27f	
f Total support for section 509(a)(2) test. Enter amount from line 23, column (e).	▶	27g	%
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))	▶	27h	%
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))	▶		

28 Unusual Grants For an organization described in line 10, 11, or 12 that received any unusual grants during 1998 through 2001, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.

Part VI-A Lobbying Expenditures by Electing Public Charities (See the instructions)
(To be completed ONLY by an eligible organization that filed Form 5768)Check ☐ a if the organization belongs to an affiliated group Check ☐ b if you checked "a" and "limited control" provisions apply**Limits on Lobbying Expenditures**

(The term "expenditures" means amounts paid or incurred)

	(a) Affiliated group totals	(b) To be completed for ALL electing organizations
36 Total lobbying expenditures to influence public opinion (grassroots lobbying)	36	
37 Total lobbying expenditures to influence a legislative body (direct lobbying)	37	
38 Total lobbying expenditures (add lines 36 and 37)	38	
39 Other exempt purpose expenditures	39	
40 Total exempt purpose expenditures (add lines 38 and 39)	40	
41 Lobbying nontaxable amount Enter the amount from the following table -		
If the amount on line 40 is -		
Not over \$500,000		20% of the amount on line 40
Over \$500,000 but not over \$1,000,000		\$100,000 plus 15% of the excess over \$500,000
Over \$1,000,000 but not over \$1,500,000		\$175,000 plus 10% of the excess over \$1,000,000
Over \$1,500,000 but not over \$17,000,000		\$225,000 plus 5% of the excess over \$1,500,000
Over \$17,000,000		\$1,000,000
42 Grassroots nontaxable amount (enter 25% of line 41)	42	
43 Subtract line 42 from line 36 Enter -0- if line 42 is more than line 36	43	
44 Subtract line 41 from line 38 Enter -0- if line 41 is more than line 38	44	

Caution: If there is an amount on either line 43 or line 44, you must file Form 4720

4- Year Averaging Period Under Section 501(h)(Some organizations that made a section 501(h) election do not have to complete all of the five columns below
See the instructions for lines 45 through 50)

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4- Year Averaging Period				
	(a) 2002	(b) 2001	(c) 2000	(d) 1999	(e) Total
45 Lobbying nontaxable amount					
46 Lobbying ceiling amount (150% of line 45(e))					
47 Total lobbying expenditures					
48 Grassroots nontaxable amount					
49 Grassroots ceiling amount (150% of line 48(e))					
50 Grassroots lobbying expenditures					

Part VI-B Lobbying Activity by Nonelecting Public Charities

(For reporting only by organizations that did not complete Part VI-A) (See the instructions)

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of

- a Volunteers
- b Paid staff or management (Include compensation in expenses reported on lines c through h)
- c Media advertisements
- d Mailings to members, legislators, or the public
- e Publications, or published or broadcast statements
- f Grants to other organizations for lobbying purposes
- g Direct contact with legislators, their staffs, government officials, or a legislative body
- h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means
- i Total lobbying expenditures (Add lines c through h)

Yes	No	Amount
	X	
	X	
	X	
	X	
	X	
	X	
	X	
	X	
	X	

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities

51 Did the reporting organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?

- (i) **Cash**

	Yes	No
51a(i)		X
a(ii)		X
b(i)		X
b(ii)		X
b(iii)		X
b(iv)		X
b(v)		X
b(vi)		X
c		X

- (ii) Other assets

- b Other transactions**

- (l) Sales or exchanges of assets with a noncharitable exempt organization**

- (II) Purchases of assets from a noncharitable exempt organization.

- (Ili) Rental of facilities, equipment, or other assets

- (iv) Reimbursement arrangements

- (v) Loans or loan guarantees**

- (vi) Performance of services or membership or fundraising solicitations**

- c. Sharing of facilities, equipment, mailing lists, other assets, or paid employees

- d If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting organization. If the organization received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received.

[illegible]

- 52 a is the organization directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527?

▶ ☐ Yes ☒ No

- b If "Yes," complete the following schedule**

[illegible]

For calendar year 2002 or tax year beginning _____ and ending _____

Name HEART SUPPORT OF AMERICA, INC. EIN 58-1976599
Name line 2 _____
Address 6344 CLINTON HIGHWAY Telephone No 865-938-5838
City, State, and Zip Code KNOXVILLE TN 37912

Email address _____

Web site address _____

Fiduciary name, if applicable _____

Name of officer signing return _____

Title of officer/trustee/fiduciary signing return _____

Group exemption number _____

Check if exemption application is pending ☐

Accounting method _____

List states desired _____

JAMES A. HALLIBURTONJAMES A. HALLIBURTONPRESIDENTCash ☐Accrual ☒Other ☐

Specify _____

Type of exempt organization

- ☒ Organization exempt under section 501(c), 527 or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation) (Form 990)
- ☐ Organization exempt under section 501(c), 527 or 4947(e)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation) with gross receipts less than \$100,000 and total assets less than \$250,000 at the end of the year (Form 990-EZ)
- ☐ Private foundation or section 4947(a)(1) nonexempt charitable trust treated as a private foundation (Form 990-PF)
- ☐ Exempt organization with unrelated business income (Form 990-T)

Preparer ID _____
Preparer name DCN G FRANKS CPA
Preparer SSN 414-72-0198
Firm's name DCN G. FRANKS, CPA
Address 600 W CUMBERLAND AVENUE SUITE 11
City, State, ZIP Code KNOXVILLE TN 37902-

Time in this return 166 minutes
Date 11/10/2003
PTIN _____
Self-employed ☒
Firm's EIN 62-0843510
Phone 865-522-1200

Preparer notes These notes will print and proforma

Preparer's use fields

1 _____ 2 _____ 3 _____
4 _____ 5 _____ 6 _____

US 990**Other Functional Expenses: Page 2, Line 43****2002**

Description of the Asset	Total	Program Services	Management and General	Fundraising
Prizes	38,722.		29,028.	9,694.
Caging & Data Process	618,201.	237,411.	108,907.	271,883.
Bank Charges	39,246.		37,944.	1,302.
Consulting	509,095.	161,184.	145,975.	201,936.
State Registration Fe	3,000.		3,000.	
Dues & Subscriptions	12,274.	562.	11,712.	
	1,220,538.	399,157.	336,566.	484,815.

• If you are filing for an Additional (not automatic) 3- Month Extension, complete only Part II and check this box ☒

Note Only complete Part II if you have already been granted an automatic 3- month extension on a previously filed Form 8868

• If you are filing for an Automatic 3- Month Extension, complete only Part I (on page 1)

Part II Additional (not automatic) 3- Month Extension of Time- Must File Original and One Copy

Type or print	Name of Exempt Organization Heart Support of America, Inc.	Employer identification number 58-1976599
File by the extended due date for filing the return. See instructions	Number, street, and room or suite no. If a P O box, see instructions 6344 Clinton Highway	For IRS use only
	City, town or pos. office, state, and ZIP code For a foreign address see instructions Knoxville TN 37912	

Check type of return to be filed (File a separate application for each return)

<input checked="" type="checkbox"/> Form 990	<input type="checkbox"/> Form 990-EZ	<input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust)	<input type="checkbox"/> Form 1041-A	<input type="checkbox"/> Form 5227	<input type="checkbox"/> Form 8870
<input type="checkbox"/> Form 990-BL	<input type="checkbox"/> Form 990-PF	<input type="checkbox"/> Form 990-T (trust other than above)	<input type="checkbox"/> Form 4720	<input type="checkbox"/> Form 6069	

STOP Do not complete Part II if you were not already granted an automatic 3- month extension on a previously filed Form 8868

• If the organization does not have an office or place of business in the United States, check this box ☐
 • If this is for a Group Return enter the organization's four digit Group Exemption Number (GEN) _____ If this is for the whole group, check this box ☐ If it is for part of the group check this box ☐ and attach a list with the names and EINs of all members the extension is for

4 I request an additional 3- month extension of time until 11/15/2003 20 _____ 20 _____

5 For calendar year 2002 or other tax year beginning _____, 20 _____ and ending _____, 20 _____

6 If this tax year is for less than 12 months, check reason ☐ Initial return ☐ Final return ☐ Change in accounting period

7 State in detail why you need the extension TAXPAYER NEEDS ADDITIONAL TIME TO GATHER ALL INFORMATION NECESSARY TO FILE A COMPLETE AND ACCURATE FORM 990 THE PRESIDENT, JAMES HALLIBURTON, HAS BEEN ILL

8a If this application is for Form 990-BL, 990-PF, 990-T, 4720 or 6069, enter the tentative tax, less any nonrefundable credits See instructions \$ _____

b If this application is for Form 990-PF, 990-T 4720, or 6069 enter any refundable credits and estimated tax payments made Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868 \$ _____

c Balance Due Subtract line 8b from line 8a Include your payment with this form, or if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions \$ _____

Signature and Verification

Under penalties of perjury I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief it is true, correct, and complete, and that I am authorized to prepare this form.

DANIEL R. HODGES, CPA

Signature Daniel R. Hodges CPA Title 809 Victor Drive Date 8-6-03

Notice to Applicant-To Be Completed by the IRS

☐ We have approved this application. Please attach this form to the organization's return.

☐ We have not approved this application. However, we have granted a 10-day grace period from the later of the date shown below or the due date of the organization's return (including any prior extensions). This grace period is considered to be a valid extension of time for elections otherwise required to be made by the return. Please attach this form to the organization's return.

☐ We have not approved this application. After considering the reasons stated in item 7, we cannot grant your request for a 10-day grace period.

☐ We cannot consider this application because it was filed after the due date of the return for which an extension was requested.

Other _____

OGDEN, UT

EXTENSION APPROVED

AUG 20 2003

LINDA WEISKOFF, FIELD DIRECTOR
SUD. SECTION PROCESSING, OGDEN

Director

Alternate Mailing Address Enter the address if you want the copy of this application for an additional 3- month extension different than the one entered above

Type or print	Name DANIEL R. HODGES, CPA
	Number, street (include suite, room, or apt. no.) Or a P O box number P O BOX 12087
	City or town, province or state, and country (Including postal or ZIP code) KNOXVILLE TN 37912-0087

Form 8868 (12-2000)